

Mail Completed Form to:
Michigan Department of State
Office of the Great Seal
7064 Crouner Drive
Lansing, MI 48918-1750



Please check ONE.

- ☐ Information Change (No Fee)
☐ Duplicate Commission (\$10 Fee)

**MICHIGAN DEPARTMENT OF STATE
OFFICE OF THE GREAT SEAL
Lansing, Michigan 48918-1750
Telephone: 517/373-2531**

Michigan Notary Public: Request for Duplicate/Notice of Change

Original Information (Complete All Sections)

1. Driver License or Personal Identification Card		Number: _____	State: _____
2. Full Name: _____ (First) (Middle) (Last)			
3. Commissioned Name: _____ (First) (Middle) (Last)			
4. Date of Birth: Month ____ Day ____ Year ____			
5. Residence Address: _____ Number & Street City State Zip			
6. E-mail Address: (Optional) _____			
7. Business Address: _____ Number & Street City State Zip			
8. County:		9. Commission Expiration Date:	
<input type="checkbox"/> County of residence. <input type="checkbox"/> County of employment (if non-Michigan resident).		Month ____ Day ____ Year ____	
10. Telephone Numbers: (____) ____ - ____ (____) ____ - ____ (Residence) (Business)			

New Information (Complete Only Those Sections That Are Changing)

1. Driver License or Personal Identification Card		Number: _____	State: _____
2. Full Name: _____ (First) (Middle) (Last)			
3. Commissioned Name: _____ (First) (Middle) (Last)			
4. Date of Birth: Month ____ Day ____ Year ____			
5. Residence Address: _____ Number & Street City State Zip			
6. E-mail Address: (Optional) _____			
7. Business Address: _____ Number & Street City State Zip			
8. County:		9. Commission Expiration Date:	
<input type="checkbox"/> County of residence. <input type="checkbox"/> County of employment (if non-Michigan resident).		Month ____ Day ____ Year ____	
10. Telephone Numbers: (____) ____ - ____ (____) ____ - ____ (Residence) (Business)			

X

Please sign your name as it will appear on documents you notarize. _____ (Date)

By affixing my signature above, I understand that all information contained on this application form is subject to disclosure under the Freedom of Information Act, 1976PA442, MCL 15.231 et seq. I am enclosing a check or money order in the amount of \$10, payable to The State of Michigan, which I understand is a non-refundable processing fee.

Form 99 (3/04)

Visit us on the web at: www.Michigan.gov/sos